

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/529319** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16		15		1		
17		15		1		
18		15		1		
19	1			1		
20		1				
21		15		1		
22		15		1		
23		15		1		
24	1					
25		1				
26		1			5	
27	1					
28		1				
29		1				
30		1				
31		1				
32		1				
33		1				
34		1				
35		1				
36		1				
37		1				
38	1					
39		1				
40		1				
41		1				
42		1				
43		1				
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	4		4			
TOTAL DEP.	123	↓	39	↓		↓
TOTAL CLAIMS	127		43			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			↓			↓
TOTAL DEP.			↓			↓
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell  
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